Order of AHEPA Citrus, District 2

This is to certify on the _____ day of _____20 ___, Chapter _____ of the Order of AHEPA located in the city of _____, elected the following members in good standing as ***DELEGATES*** to the year 20 ____ District Convention. ***SEE PAGE TWO FOR ALTERNATES***

1. Delegate: Name _____ National # _____
First Middle Last

Address: _____

Telephone: Home _____ Work _____ Cell _____

Email: _____

2. ***Delegate:*** Name _____ National # _____
First Middle Last

Address: _____

Telephone: Home _____ Work _____ Cell _____

Email: _____

3. ***Delegate:*** Name _____ National # _____
First Middle Last

Address: _____

Telephone: Home _____ Work _____ Cell _____

Email: _____

4. ***Delegate:*** Name _____ National # _____
First Middle Last

Address: _____

Telephone: Home _____ Work _____ Cell _____

Email: _____

5. ***Delegate:*** Name _____ National # _____
First Middle Last

Address: _____

Telephone: Home _____ Work _____ Cell _____

Email: _____

6. ***Delegate:*** Name _____ National # _____
First Middle Last

Address: _____

Telephone: Home _____ Work _____ Cell _____

Email: _____

Signed this Date: _____ **Signed this Date:** _____

_____ _____

CHAPTER PRESIDENT **CHAPTER SECRETARY**

PAGE ONE OF TWO DELEGATE AND ALTERNATE DISTRICT FORMS
District Delegate and Alternate forms must be emailed directly to the District Secretary Bill Paul at bpaul.ahepa@ gmail.com and a conformation email to the District 2 Governor James Sirks at jsirks.ahepa@ gmail.com

Order of AHEPA Citrus, District 2

This is to certify on the _____ day of _____20 ___, Chapter _____ of the Order of AHEPA located in the city of _____, elected the following members in good standing as ***Alternates*** to the year 20 ____ District Convention. ***SEE PAGE ONE FOR DELEGATES***

1. Alternate: Name _____ National # _____
First Middle Last
Address: _____
Telephone: Home _____ Work _____ Cell _____
Email: _____

2. ***Alternate:*** Name _____ National # _____
First Middle Last
Address: _____
Telephone: Home _____ Work _____ Cell _____
Email: _____

3. ***Alternate:*** Name _____ National # _____
First Middle Last
Address: _____
Telephone: Home _____ Work _____ Cell _____
Email: _____

4. ***Alternate:*** Name _____ National # _____
First Middle Last
Address: _____
Telephone: Home _____ Work _____ Cell _____
Email: _____

5. ***Alternate:*** Name _____ National # _____
First Middle Last
Address: _____
Telephone: Home _____ Work _____ Cell _____
Email: _____

6. ***Alternate:*** Name _____ National # _____
First Middle Last
Address: _____
Telephone: Home _____ Work _____ Cell _____
Email: _____

Signed this Date: _____ **Signed this Date:** _____

_____ _____

CHAPTER PRESIDENT **CHAPTER SECRETARY**

PAGE TWO OF TWO DELEGATE AND ALTERNATE DISTRICT FORMS
District Delegate and Alternate forms must be emailed directly to the District Secretary Bill Paul at bpaul.ahepa@ gmail.com and a conformation email to the District 2 Governor James Sirks at jsirks.ahepa@ gmail.com